

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/						51			
2	/						52			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Dépend	16						Total Dépend			
Total Claims							Total Claims			